



Office of the
Tippecanoe County Prosecutor
Title IV-D Child Support Program
111 N. 4th Street
Lafayette, Indiana 47901-1358
Email: www.prosecutorchilddsupport@tippecanoe.in.gov

Telephone (765) 423-9308
Fax (765) 423-9164

TITLE IV-D PROGRAM
PLEASE READ CAREFULLY

THE FOLLOWING DOCUMENTS ARE **REQUIRED** TO BE PROVIDED WITH
YOUR **COMPLETED** APPLICATION.

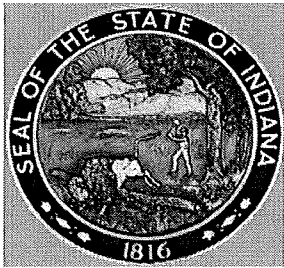
1. Copy of the Child(ren)'s *original* birth certificate from the Health Department (not the one you received from the hospital)
2. Copy of the Child(ren)'s social security card
3. A copy of your Identification Card, Drivers License, Green Card or Passport
4. Copies of any court orders pertaining to divorce (and any modifications thereafter), paternity (including a copy of the paternity affidavit signed at the birth of the child(ren)), support order, guardianship or custody.
5. Copy of the child(ren)'s Medicaid card (if applicable).

If you fail to fill out the application completely or if you fail to provide any of the required documents listed above (that pertain to your case), this could result in your application for the Title IV-D child support services being delayed and/or returned to you until it is complete or not processed until all required documents are provided.

You can mail or drop off your completed packets to our office along with all required documents. If you would prefer an appointment to meet with one of our staff, you may call the phone number above to set up an intake appointment.

APPOINTMENTS ARE SCHEDULED IN TIME BLOCKS. APPLICANTS ARE CALLED ON A FIRST COME/FIRST SERVED BASIS WITHIN THE TIME BLOCK.

If you have need of an interpreter, please call 423-9253 to speak with the court interpreter. (Si necesita servicios de Interpretacion, por favor llame al 423-9253 para hablar con la interprete).



Office of the
Tippecanoe County Prosecutor
Title IV-D Child Support Program

Courthouse
301 Main Street
Lafayette, Indiana 47901-1358
Email: www.prosecutorchildsupport@tippecanoe.in.gov

Telephone (765) 423-9308
Fax (765) 423-9164

APPLICATION CHECKLIST

**BEFORE TURNING IN THE APPLICATION PLEASE
MAKE SURE ALL OF THE FOLLOWING IS
COMPLETED AND ATTACHED:**

- ☐ Application completely filled out – no blanks left unmarked or incomplete
NOTE: SHEETS ARE DOUBLE SIDED
- ☐ Copy of the Child(ren)'s *original* birth certificate from the Health Department
(not the one you received from the hospital)
- ☐ Copy of the Child(ren)'s social security card or a printout obtained from the
local Social Security office
- ☐ Copy of Your Identification Card, Drivers License, Green Card or Passport
- ☐ Copies of any court orders pertaining to divorce, paternity, support order,
guardianship or custody (and any modifications thereafter) and/or copy of
paternity affidavit signed at child(ren)'s birth.
- ☐ If you have need of an interpreter, please call 423-9253 to speak with the court
interpreter. (Si necesita servicios de Interpretacion, por favor llame al 423-9253
para hablar con la interprete).

TITLE IV-D WAIVER NOTICE

The Undersigned custodial parent acknowledges that the TIPPECANOE COUNTY Prosecutor's Office is an agent of the State of Indiana and the Family Social Services Administration, Division of Family and Children and cannot serve as a private attorney to custodial persons. The Prosecuting Attorney's Office function is to protect and promote the interests of the State at large and the best interest of children in particular, and these interests may conflict at times with the interests of a custodial person.

Pursuant to Title IV-D of the Social Security Act, the Office of the TIPPECANOE COUNTY Prosecuting Attorney provides four basic services:

1. The location of absent parents.
2. The establishment of paternity and support orders.
3. The enforcement of support orders.
4. The modification of support orders.

The prosecutor's Office does not provide representation with regard to the issues of visitation, custody and property settlement. In fact, pursuant to the mandate of Title IV-D, the office is not allowed to become involved in such matters of custody, visitation, or property settlement. You should consult with a private attorney or legal aid concerning those issues.

In accordance with I.C. 31-25-4-13.1(e), the undersigned acknowledges that they are not entering into an attorney-client relationship with any attorney in the Office of the TIPPECANOE COUNTY Prosecuting Attorney. Accordingly, any confidential information provided to this office is not information protected by an attorney-client relationship. Therefore, information provided to the Office of the Prosecuting Attorney may be used by the Office in the prosecution of criminal offenses or civil violations without regard for source of the information. The undersigned acknowledges that his/her involvement in the Title IV-D Child Support Program does not protect him/her from prosecution for any criminal offense or civil infraction.

NOTE: THIS FORM IS A WAIVER OF LEGAL RIGHTS AND SHOULD BE SIGNED ONLY AFTER BEING READ CAREFULLY. YOUR SIGNATURE VERIFIES THAT YOU HAVE READ AND UNDERSTAND THE CONTENTS OF THIS FORM.

I have read the above and fully understand the contents of this waiver and consent to its terms.

Date	NAME (PRINTED)	SIGNATURE
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**BE ADVISED:
SEPA QUE:**

1. **All Request for case-sensitive information or service must be made in writing. No case-specific information will be provided in person, or by phone.**
Toda petición para información de casos-sensibles, o servicios, tiene que ser hecho por escrito. Ninguna información sobre casos sensibles será proveída en persona, o por teléfono.
2. **You must present a current State-issued photo ID and verify your mailing address before we will accept a written request for information or service.**
Usted tendrá que presentar una Identificación Estatal con fotografía, vigente y verificar su domicilio, antes que le aceptemos su petición por escrito para información o servicio.
3. **If you are a non-custodial parent represented by an attorney, this office cannot respond to your request for information or service. All requests must be made through your attorney of record.**
Si usted es un padre sin custodia, con abogado, esto oficina no podrá responder a su solicitud De información o servicio. Toda petición tendrá que ser presentada a través de su abogado.
4. **Requests for a printout of your child support payment history must be made to the Clerk's Office on the second floor.**
Peticiones para un historial de pago de manutención de los hijos por escrito tendrá que hacerse En la oficina del Tesorero en el segundo piso.
5. **Questions regarding an upcoming or past Court hearing must be addressed to that court.**
Preguntas acerca de un juicio por venir, o pasado tendrán que hacerse en ese tribunal.
6. **This office represents the State of Indiana in matters involving paternity and child support. This office does not represent custodial or non-custodial parents. There is no attorney-client relationship formed by being a participant on the Title IV-D Child Support Program.**
Esta oficina representa el Estado de Indiana en materia referente a paternidad y manutención de hijos. Esta oficina no representa a padres con o sin custodia de hijos. No existe ninguna relación de abogado-cliente por el hecho de ser un participante del Programa de Manutención de Hijos del Título IV-D.

I have read and acknowledge the above advisory.
He leído, reconozco y entiendo la información precedente.

Signature / Firma

Date / Fecha

PRIVACY STATEMENT NOTICE

I, _____, have read through and understand the points listed below. By signing this document, I agree to the guidelines and structures of the Tippecanoe County Prosecuting Attorney, Child Support Division.

- I understand and agree that the Prosecuting Attorney and Child support Division are in no way my private counsel.
- I understand and agree that the Prosecuting Attorney and Child Support Division work on behalf of the State of Indiana for the best interest of my child (ren) in receiving support.
- I understand and agree that in the event of a conflict between my interests and the interest of the State of Indiana, the Prosecuting Attorney and Child Support Division will advocate on the behalf of the State's interest.
- I understand and agree that the Prosecuting Attorney and Child Support Division will have sole decision making powers in regard to enforcement, particularly when there may be another state involved, may take months if not years to become effective.
- I understand and agree that I will provide whatever accurate and truthful information or documentation that may be required to enforce my child (ren)'s case.
- I understand and agree that it is my responsibility to provide as much information as possible about the non-custodial parent to assist establishing and enforcing a child support order.
- I understand and agree that all child support payments must be made through the Clerk of the Court or the State Central Collection Unit, unless otherwise ordered by the Court.
- I understand and agree that as a condition of receiving TANF, support payments are assigned and retained by the State of Indiana.
- I understand and agree that if I am verbally or physically abusive to the staff, repeatedly use obscenities, demand enforcement be done on my terms, etc., the Child Support Division reserves the right to close my case to their office. If I am on TANF or Medicaid, this may result in my benefits being sanctioned.
- I understand that I may request the Prosecuting Attorney and Child Support Division to terminate enforcement of my case only if I am not currently on public assistance, and there is no back support owed to the State of Indiana for reimbursement of prior public assistance received on behalf of my child (ren) by myself.
- I understand and agree that the Prosecuting Attorney and Child Support Division have many cases and may not begin judicial enforcement of a case until child support payments are delinquent by thirty (30) days. I further understand and agree that I should not contact the Prosecuting Attorney and/or Child Support Division to complain of delinquent payments until child support payments are delinquent by thirty (30) days.

I have read the above fully and understand the contents of this Agreement of Responsibilities.

Date

Signature of Custodial Parent/Applicant

ACUERDO DE RESPONSABILIDADES

Yo, _____, he leído completamente y entiendo los puntos que abajo se enlistan. Al firmar este documento, Yo estoy de acuerdo con las guías y estructuras del Fiscal del Condado de Tippecanoe, División de Manutención de Hijos.

- Entiendo y estoy de acuerdo en que el Fiscal y la División de Manutención de Hijos no son en ninguna manera mis abogados o consejeros legales..
- Entiendo y estoy de acuerdo que el Fiscal y la División de Manutención de Hijos trabajan para el Estado de Indiana y por el bien de mi(s) hijo(s) para recibir manutención.
- Entiendo y estoy de acuerdo que en caso de un conflicto entre mis intereses y los intereses del Estado de Indiana, el Fiscal y la División de Manutención de Hijos, serán partidarios de los intereses del Estado.
- Entiendo y estoy de acuerdo que el Fiscal y la División de Manutención de Hijos tendrán poder absoluto cuando se trate de tomar decisiones de imponer acciones en mi caso.
- Entiendo y reconozco que la imposición de cumplimiento, especialmente cuando se encuentre otro Estado envuelto, puede tomar meses o años para tomar efecto.
- Entiendo y estoy de acuerdo que brindaré cualquier información o documentación disponible y veraz que sea necesaria para imponer en el caso de mi(s) hijo(s),
- Entiendo y estoy de acuerdo que es mi responsabilidad el proveer tanta información como sea posible acerca del cónyuge que no tiene custodia, para poder ayudar en establecer e imponer orden de Manutención de Hijos.
- Entiendo y estoy de acuerdo que todos los pagos de Manutención de niños tienen que ser hechos a través del Tesorero del Tribunal, o a través de la Unidad de Cobros del Estado de Indiana, a menos que haya otra orden del Tribunal.
- Entiendo y estoy de acuerdo que como condición para recibir TANF (Ayuda Temporal para Familias Necesitadas), los pagos de manutención serán asignados y retenidos por el Estado de Indiana.
- Entiendo y estoy de acuerdo que si adopto un comportamiento abusivo, sea verbal o físico hacia el personal, uso vulgaridades, demando imposición bajo mis condiciones, la División de Manutención de Hijos se reservará el derecho de cerrar mi caso en sus oficinas. Si es que estoy en TANF (Ayuda Temporal para Familias Necesitadas), o Medicaid, esto podrá resultar en una sanción a mis beneficios.
- Entiendo que puedo solicitar al Fiscal y a la División de Manutención de Hijos que se dé por terminado la imposición de mi caso, siempre y cuando no esté yo bajo ayuda pública y no haya morosidad en mis pagos al Estado de Indiana por reembolso de previa ayuda pública, recibida para mí(s) hijo(s), o para mí.
- Entiendo y estoy de acuerdo que el Fiscal y la División de Manutención de Hijos tienen muchos casos, y puede que no empiecen Imposición Judicial en el caso hasta que los pagos de manutención pasen de 30 días de morosidad. También entiendo y estoy de acuerdo que no debo de llamar al personal del Fiscal o la División de Manutención de Hijos para quejarme de pagos retrasados hasta que dichos pagos hayan rebasado los treinta (30) días de morosidad.

He leído lo anterior en su totalidad y entiendo el contenido de este Acuerdo de Responsabilidades.

Fecha

Firma del Padre, Custodio o Solicitante



APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES

State form 134882 (R9 / 1-13) CSP 425A

Approved by State Board of Accounts, 2013

PRIVACY STATEMENT

*The records in this series are confidential according to 42 USC 653, 42 USC 654, and 42 USC 663. This agency is requesting disclosure of personal information for agency purposes as required by these statutes. Disclosure of this information is mandatory. Failure to provide any information may prevent this form from being processed.

INSTRUCTIONS:

1. Take or mail this completed form to your local county Prosecutor's IV-D Child Support Office.
2. If multiple other parents, complete one application for each.

NOTICE (PLEASE READ)

The Indiana Child Support Bureau offers child support services to persons desiring to obtain child support from a parent outside the home. These services are: Complete Service or Parent Locator Only Service. **ALL FEES FOR SERVICES ARE NONREFUNDABLE.**

COMPLETE SERVICE: The applicant will be entitled to the Parent Locator Service and the services of the local county Prosecutor's IV-D Child Support Office. These services include Establishing Paternity, Establishing and/or Enforcing a support obligation (including health insurance coverage). The complete service does NOT include handling a divorce case, enforcement of custody or parenting time, nor matters other than those associated with the support of dependent children. All support payments may be directed to the State of Indiana for disbursement. **ANY COSTS INCURRED IN EXCESS OF THE APPLICATION FEE, SUCH AS COURT COSTS, WITNESS FEES, GENETIC TEST COSTS, IRS OFFSET FEES AND ADMINISTRATIVE COSTS ASSOCIATED WITH THIS CASE MAY BE CHARGED AGAINST THE APPLICANT.**

In addition the Tax Refund Offset Project may be used to collect child support arrearages. Application for complete service does not guarantee that your case will be submitted for tax refund offset nor that tax refund monies will be collected. If any children of the non-custodial parent have received TANF in the past, any collection made from an offset will first be applied to any unreimbursed public assistance on any former TANF case. If the IRS recalls any portion of an offset refund that has already been paid to you, you are obligated to repay the State of Indiana the amount recalled by the IRS. You authorize that any such repayment may be deducted from support collected on your behalf if other arrangements have not been fulfilled.

PARENT LOCATOR SERVICE: The applicant will be entitled to resources offered by the State and Federal Parent Locator Service until a verified address is provided or all sources for location are exhausted. The payment of the application fee does not guarantee a successful location.

TERMINATION OF SERVICES: The applicant may terminate services (if fees, costs and any child support overpayments have been paid in full) by notifying the local county Prosecutor's IV-D Child Support Office handling your case in writing that services are no longer desired. Services may be terminated only in accordance with 45 C.F.R. 303.11.

APPLICANT'S OBLIGATIONS: The applicant is expected to fully cooperate with the local county Prosecutor's IV-D Child Support Office in the legal and non-legal preparation of the case, including, but not limited to notifying the local county Prosecutor's IV-D Child Support office of change of address, supplemental information regarding the other parent, reuniting with the other parent, and other information pertinent to the case.

APPLICANT'S AFFIRMATION

I hereby swear and affirm under penalties of perjury that the information contained in this application is true and correct to the best of my knowledge and providing false information could result in perjury charges against me.

I understand that I am to cooperate with the local county Prosecutor's IV-D Child Support Office in order for my case to be processed, and non-cooperation can result in termination of services offered by the IV-D agency. I further understand that payment of the application fee does not guarantee successful action on the case but rather all reasonable attempts will be made in my behalf to obtain successful results for the service requested. I have read and understand the above **NOTICE**.

**NOTE: A SEPARATE APPLICATION MUST BE FILLED OUT FOR EACH CHILD
IF THEY HAVE DIFFERENT NON-CUSTODIAL PARENTS/FATHERS/ALLEGED FATHERS!**

I hereby request the following service under the terms outlined above:

☐ Complete Service ☐ Parent Locator Service Only

Type of Services Requested: (mark any and all that apply)

☐ Support Enforcement ☐ Support Modification

☐ Paternity Establishment

☐ Support Establishment

☐ Establishment/Enforcement Health Insurance

Signature of applicant

Date signed (month, day, year)

Application taken by:

Fee Paid
\$

Case Number

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (continued)

Part of State Form 34882 (R9/1-13)/ CSB 425A

FOR OFFICIAL USE ONLY:		
Case type	Assigned County of Ownership	Special Handling <input type="checkbox"/> Applicant <input type="checkbox"/> OtherParent
Notes/Description		

PLEASE NEATLY PRINT ALL INFORMATION IN THIS APPLICATION

Is Applicant Under age of eighteen (18)? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, Guardian must also complete the "Applicant Guardian Data" section)						
APPLICANT DATA (YOUR INFORMATION)						
Full name of applicant (last, first and middle)				Alias		
Maiden		Previous		Nickname		
Date of birth (month, day, year)		Place of birth(city/state)		Gender	Race	Social Security number*/ITIN
Alien Identification Number						
Is English primary language? <input type="checkbox"/> Yes <input type="checkbox"/> NO (If no, please provide)		Primary language			Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> NO	
Is special assistance needed? <input type="checkbox"/> Yes <input type="checkbox"/> NO (If no, please provide)		Specify assistance here (i.e. Physical, Hearing Impaired, Other)				
Address of Applicant (number and street, rural route number, apartment or room number, city, state, and ZIP code)						
My mailing address is: <input type="checkbox"/> Same as above <input type="checkbox"/> Different (If different, print below including COUNTY)						
Mailing address of applicant (number and street, rural route number, apartment or room number, city, state, and ZIP code)						
Telephone number (home) ()		Telephone number (work) ()		Telephone number (mobile/other) ()		E-mail address
Preferred Method of Contact: <input type="checkbox"/> Personal E-mail/Work/Other E-mail <input type="checkbox"/> Mobile telephone number <input type="checkbox"/> Home telephone number <input type="checkbox"/> Work telephone number <input type="checkbox"/> Mail						
Is there a history of family violence? <input type="checkbox"/> Yes <input type="checkbox"/> NO (If yes, complete next box)		Was a police report filed? <input type="checkbox"/> Yes <input type="checkbox"/> NO		Date filed (month, day, year)		City and State filed
Are you a party to an active protective order related to the parties on this application? <input type="checkbox"/> Yes <input type="checkbox"/> NO (If yes, complete the following boxes)				County of court order		State of court order
Cause number		Date of Court order (month, day, year)		Covered individuals		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> NO (If yes, complete next box)		Name of employer				
Address of employer (number and street, rural route number, apartment or room number, city, state, and ZIP code)						
Military Status <input type="checkbox"/> Never <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired		List Military Branch here (Army, Navy, Marines, Air Force or Coast Guard)				
Have you previously received Child Support Services from another state or county for the listed Dependents? <input type="checkbox"/> Yes <input type="checkbox"/> NO (If yes, complete next box)						
County and State where services were previously received.				Is there an adoption pending for any child listed on this application? <input type="checkbox"/> Yes <input type="checkbox"/> NO		
Are you requesting child support services for an unborn child? <input type="checkbox"/> Yes <input type="checkbox"/> NO				What is the expected due date? (month, day, year)		
Are you or any listed Dependents currently receiving Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> NO						

DEPENDENT INFORMATION (SECOND CHILD'S INFORMATION)

Last name		First name		Middle name
Suffix		Does this child live in applicant's household? <input type="checkbox"/> Yes <input type="checkbox"/> NO		Your relationship to this child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (list)
Date of birth (month, day, year)	Place of birth (city, state)	Gender	Race	Social Security number*/ITIN
Does this child receive SSD or SSI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> NO		SSD Amount		SSI Amount
Is the child of this application currently placed in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> NO (If yes, complete following box)			Where foster case order was issued that placed child into your care. (County and State)	
Was the mother of this child married at the time of conception or birth of this child or within 365 days of divorce or marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, list to whom you were married in following box)			List full name of whom the mother was/are married to within 365 days of birth of this child.	
Is there a name listed on the birth certificate as the father of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete following box)			List full name of who is listed as the father on the birth certificate of this child.	
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete the following information)			How was paternity established? (If court order, complete next box) <input type="checkbox"/> Court Order <input type="checkbox"/> Paternity Affidavit	
Date of Court order (month, day, year)		Name of court		
County of court		State of court		Court cause number
Do you have a private attorney handling paternity and/or support matters for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of attorney (first, last and suffix)				Telephone number of attorney ()
Do you currently have, or have you ever had, a court ordered support obligation for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, complete the following information)				
Name of court				
County of court		State of court		Court cause number
Name of the person support is paid to and paid by. To: by:				
Is there a court order for custody for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, complete the following information)			Name of the person granted custody by court	
County of court		State of court		Court cause number
Have you received direct payments from the other parent(s) for support of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, you must obtain and complete a direct payment affidavit from the Title IV-D child support office)				

DEPENDENT INFORMATION (THIRD CHILD'S INFORMATION)

Last name		First name		Middle name
Suffix		Does this child live in applicant's household? <input type="checkbox"/> Yes <input type="checkbox"/> NO		Your relationship to this child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (list)
Date of birth (month, day, year)	Place of birth (city, state)	Gender	Race	Social Security number*/ITIN
Does this child receive SSD or SSI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> NO		SSD Amount		SSI Amount
Is the child of this application currently placed in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> NO (If yes, complete following box)			Where foster case order was issued that placed child into your care. (County and State)	
Was the mother of this child married at the time of conception or birth of this child or within 365 days of divorce or marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, list to whom you were married in following box)			List full name of whom the mother was/are married to within 365 days of birth of this child.	
Is there a name listed on the birth certificate as the father of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete following box)			List full name of who is listed as the father on the birth certificate of this child.	
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete the following information)			How was paternity established? (If court order, complete next box) <input type="checkbox"/> Court Order <input type="checkbox"/> Paternity Affidavit	
Date of Court order (month, day, year)		Name of court		

County of court		State of court		Court cause number	
Do you have a private attorney handling paternity and/or support matters for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of attorney (first, last and suffix)				Telephone number of attorney ()	
Do you currently have, or have you ever had, a court ordered support obligation for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, complete the following information)					
Name of court					
County of court		State of court		Court cause number	
Name of the person support is paid to and paid by. To: _____ by: _____					
Is there a court order for custody for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, complete the following information)				Name of the person granted custody by court	
County of court		State of court		Court cause number	
Have you received direct payments from the other parent(s) for support of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, you must obtain and complete a direct payment affidavit from the Title IV-D child support office)					
DEPENDENT INFORMATION (FOURTH CHILD'S INFORMATION)					
Last name		First name		Middle name	
Suffix		Does this child live in applicant's household? <input type="checkbox"/> Yes <input type="checkbox"/> NO		Your relationship to this child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (list)	
Date of birth (month, day, year)		Place of birth (city, state)		Gender Race Social Security number*/ITIN	
Does this child receive SSD or SSI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> NO		SSD Amount		SSI Amount	
Is the child of this application currently placed in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> NO (If yes, complete following box)				Where foster case order was issued that placed child into your care. (County and State)	
Was the mother of this child married at the time of conception or birth of this child or within 365 days of divorce or marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, list to whom you were married in following box)				List full name of whom the mother was/are married to within 365 days of birth of this child.	
Is there a name listed on the birth certificate as the father of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete following box)				List full name of who is listed as the father on the birth certificate of this child.	
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete the following information)				How was paternity established? (If court order, complete next box) <input type="checkbox"/> Court Order <input type="checkbox"/> Paternity Affidavit	
Date of Court order (month, day, year)		Name of court			
County of court		State of court		Court cause number	
Do you have a private attorney handling paternity and/or support matters for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of attorney (first, last and suffix)				Telephone number of attorney ()	
Do you currently have, or have you ever had, a court ordered support obligation for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, complete the following information)					
Name of court					
County of court		State of court		Court cause number	
Name of the person support is paid to and paid by. To: _____ by: _____					
Is there a court order for custody for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, complete the following information)				Name of the person granted custody by court	
County of court		State of court		Court cause number	
Have you received direct payments from the other parent(s) for support of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, you must obtain and complete a direct payment affidavit from the Title IV-D child support office)					

INFORMATION ABOUT MOTHER OF CHILDREN LISTED IN APPLICATION

Relationship of mother to the APPLICANT FOR CHILD SUPPORT SERVICES (e.g Self, Daughter, Cousin, Niece, Other-explain, etc)

Full name of Mother of children listed in application(*last, first and Middle*) Alias

Maiden

Previous

Nickname

Physical/Street address ☐ CURRENT ☐ LAST KNOWN ____ years/months ago (*number and street, rural route number, apartment or room number, city, state, and ZIP code*)Mailing address ☐ CURRENT ☐ LAST KNOWN ____ years/months ago (*PO BOX, number and street, rural route number, apartment or room number, city, state, and ZIP code - please include County*)Country (*if outside of US, complete following box*)

International code

Telephone number (home)

()

Telephone number (work)

()

Telephone number (mobile/other)

()

E-mail address

Date of birth (*month, day, year*)Approx.
agePlace of Birth
(City, State)

Gender

Race

Social Security number*/ITIN

Alien ID Number

Is English primary language?

☐ Yes ☐ NO (*If no, please provide*)

Primary language

Interpreter needed?

☐ Yes ☐ NO

Is special assistance needed?

☐ Yes ☐ NO (*If no, please provide*)Specify assistance here (*i.e. Physical, Hearing Impaired, Other*)

Is this parent currently incarcerated?

☐ Yes ☐ No

County of incarceration

State of incarceration

Name of Department of Correction facility

Has this parent ever been arrested or previously incarcerated?

☐ Yes ☐ No

County of incarceration

State of incarceration

Name of Police Department or DOC facility

Height

Weight

Hair color

Facial hair

Color of eyes

Glasses

Distinguishing marks/tattoos

Other identifying characteristics

Last known employer

Telephone number of employer

Address of employer (*number and street, rural route number, apartment or room number, city, state, and ZIP code*)

International code

Military Status

☐ Never ☐ Active ☐ Reserve ☐ RetiredList Military Branch here (*Army, Navy, Marines, Air Force or Coast Guard*)

Deployed overseas?

☐ Yes ☐ NO

Is this parent deceased?

☐ Yes ☐ NO (*If yes, please complete information*)Date of death (*month, day, year*)Place of death (*city, county, state, country*)

Photo available of this parent?

☐ Yes ☐ NO

Marital status of the mother and father of the children listed in the application

(City, County, State)

☐ Never☐ Married☐ Divorced☐ Separated/Deserted☐ Unknown

Date of Marriage _____ Location of Marriage _____

Date of Separation _____ Location of Separation _____

Does this parent have any other children besides the ones listed in this application?

☐ Yes ☐ NO (*If yes, please list full names here*)

INFORMATION ABOUT FATHER OF CHILDREN LISTED IN APPLICATIONRelationship of father to the **APPLICANT FOR CHILD SUPPORT SERVICES** (e.g Self, Daughter, Cousin, Nephew, Other-explain, etc)Full name of Father of children listed in application(*last, first and Middle*)

Alias

Maiden

Previous

Nickname

Physical/Street address ☐ CURRENT ☐ LAST KNOWN ____ years/months ago (*number and street, rural route number, apartment or room number, city, state, and ZIP code*)Mailing address ☐ CURRENT ☐ LAST KNOWN ____ years/months ago (*PO BOX, number and street, rural route number, apartment or room number, city, state, and ZIP code - please include County*)Country (*if outside of US, complete following box*)

International code

Telephone number (home)

()

Telephone number (work)

()

Telephone number (mobile/other)

()

E-mail address

Date of birth (*month, day, year*)Approx.
agePlace of Birth
(City, State)

Gender

Race

Social Security number*/ITIN

Alien ID Number

Is English primary language?

☐ Yes ☐ NO (*If no, please provide*)

Primary language

Interpreter needed?

☐ Yes ☐ NO

Is special assistance needed?

☐ Yes ☐ NO (*If no, please provide*)Specify assistance here (*i.e. Physical, Hearing Impaired, Other*)

Is this parent currently incarcerated?

☐ Yes ☐ No

County of incarceration

State of incarceration

Name of Department of Correction facility

Has this parent ever been arrested or
previously incarcerated?☐ Yes ☐ No

County of incarceration

State of incarceration

Name of Police Department or DOC facility

Height

Weight

Hair color

Facial hair

Color of eyes

Glasses

Distinguishing marks/tattoos

Other identifying characteristics

Last known employer

Telephone number of employer

Address of employer (*number and street, rural route number, apartment or room number, city, state, and ZIP code*)

International code

Military Status

☐ Never ☐ Active ☐ Reserve ☐ RetiredList Military Branch here (*Army, Navy, Marines, Air Force or
Coast Guard*)

Deployed overseas?

☐ Yes ☐ NO

Is this parent deceased?

☐ Yes ☐ NO (*If yes, please complete information*)Date of death (*month, day, year*)Place of death (*city, county, state, country*)

Photo available of this parent?

☐ Yes ☐ NO

Marital status of the mother and father of the children listed in the application

(City, County, State)

☐ Never☐ Married☐ Divorced☐ Separated/Deserted☐ Unknown

Date of Marriage _____ Location of Marriage _____

Date of Separation _____ Location of Separation _____

Does this parent have any other children besides the ones listed in this application?

☐ Yes ☐ NO (*If yes, please list full names here*)

Can anyone else be named as the father of the child(ren) listed in this application?

☐ Yes ☐ NO **IF YES, LIST THE CHILD'S NAME AND THE PERSON YOU ARE NAMING AS THE FATHER HERE****YOU MUST ALSO FILL OUT A SEPARATE PACKET OR ALLEGED FATHER'S INFORMATION SHEET FOR EACH ALLEGED FATHER**

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (continued)

Part of State Form 34882 (R9/1-13)/ CSB 425A

TO BE COMPLETED BY COUNTY OFFICE

Application processed by:	Date (month, day, year):	SETS number assigned:
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APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES ASSIGNMENT FOR COLLECTION FOR PERSONS NOT RECEIVING PUBLIC AID

Name of Applicant

**AGREEMENT
(TO BE COMPLETED BY THE APPLICANT)**

I understand and agree that support payments collected hereafter from the non-custodial parent named above on behalf of myself and/or the above named children will be paid to the Department of Child Services, Child Support Bureau, and that said support payments will be paid to me by the agency after deduction of any charges due and owing to that agency. Such charges are explained on page one of the "Application for Title IV-D Child Support Service", executed by the applicant. This authorization shall continue in effect until terminated in the manner set forth on page one of the "Application for Child Support Services".

Printed name of applicant:

Signature of applicant

X

Date signed (month, day, year)

Printed name of person completing form (if person other than APPLICANT has completed this form):

Job Title of person completing form
(if different than the applicant)

Signature of person completing form (if different from applicant)

X